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PATENT

AMENDMENT TRANSMITTAL FORM

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Customer No.: 23696 Attorney Docket No.: 000423 In Re Application of: Tom Bimbaum

Serial Number: 10/006,040 Filed: December 4, 2001 Examiner: James C. Clinger Group Art Unit: 2821

Dear Sir:

Transmitted herewith for filing is a R

Total* 27 30 x \$18 = \$0 Independent** 3 3 x \$86 = \$0 Multiple Dependent Claim(s): Yes No \$290 \$ EXTENSION FEES	*If the number in colum *If th	3	30			Fee Paid
Multiple Dependent Claim(s): Yes No S290 \$ Multiple Dependent Claim(s): Yes No S290 \$ Cone Month S110 Two Months S420 Three Months S950 Three Months S950 Terminal Disclaimer S110 Three Months S950 Total Fee S0 Fee check in the amount of \$ is enclosed to pay for any claim and/or extension fees. The Commissioner is hereby authorized to charge payment of any additional fees which may be required, or creding any overpayment to said Deposit Account No. 17-0026. A duplicate of this sheet is enclosed for fee processing. The Commissioner is further hereby authorized to charge to said Deposit Account No. 17-0026, pursuant to 37 CFR 1.25(b), any fee whatsoever which may become properly due or payable, as set forth in 37 CFR 1.18 inclusive, for the entire pendency of this application without specific additional authorization. Signature: Jal COMM Incorporated the Patent Department	*If the number in colum **If the number in col				610	
#If the number in column a is less than 20, enter 0 in column c. *If the number in column a is less than 3, enter 0 in column c. *If the number in column a is less than 3, enter 0 in column c. *If the number in column a is less than 3, enter 0 in column c. *If the number in column a is less than 3, enter 0 in column c. *If the number in column a is less than 3, enter 0 in column c. *If the number in column a is less than 3, enter 0 in column c. *If the number in column a is less than 3, enter 0 in column c. TOTAL FEE \$0 Please charge Deposit Account No. 17-0026 of QUALCOMM Incorporated the amount of \$0. The Commissioner is hereby authorized to charge payment of any additional fees which may be required, or crediany overpayment to said Deposit Account No. 17-0026. A duplicate of this sheet is enclosed for fee processing. The Commissioner is further hereby authorized to charge to said Deposit Account No. 17-0026, pursuant to 37 CFR 1.25(b), any fee whatsoever which may become properly due or payable, as set forth in 37 CFR 1.16 inclusive, for the entire pendency of this application without specific additional authorization. **If the number in column a is less than 20, enter 0 in column c. **If the number in column a is less than 20, enter 0 in column c. **TOTAL FEE \$0 **OTAL FEE \$0 **TOTAL FEE \$0 **The Commissioner is hereby authorized to charge to said Deposit Account No. 17-0026, pursuant to 37 CFR 1.25(b), any fee whatsoever which may become properly due or payable, as set forth in 37 CFR 1.16 **If the number in column a is less than 20, enter 0 in column c. **If the number in column a si less than 20, enter 0 in column c. **If the number in column a si less than 20, enter 0 in column c. **TOTAL FEE \$0 **If the number in column a si less than 20, enter 0 in column c. **ToTAL FEE \$0 **If the number in column a si less than 20, enter 0 in column c. **ToTAL FEE \$0 **If the number in column a si less than 20, enter 0 in column c. **ToTAL FEE \$0 **If the number in column a si less	*If the number in colum **If the number in col	endent Claim(s):	Yes No			\$0
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Fee check in the amount of \$ is enclosed to pay for any claim and/or extension fees. Please charge Deposit Account No. 17-0026 of QUALCOMM Incorporated the amount of \$0. The Commissioner is hereby authorized to charge payment of any additional fees which may be required, or credictly any overpayment to said Deposit Account No. 17-0026. A duplicate of this sheet is enclosed for fee processing. The Commissioner is further hereby authorized to charge to said Deposit Account No. 17-0026, pursuant to 37 CFR 1.25(b), any fee whatsoever which may become properly due or payable, as set forth in 37 CFR 1.16 inclusive, for the entire pendency of this application without specific additional authorization. Signature: JALCOMM Incorporated The Commissioner is further hereby authorized to charge to said Deposit Account No. 17-0026, pursuant to 37 CFR 1.18 inclusive, for the entire pendency of this application without specific additional authorization. Signature: Howard Seo, Reg. No. 43,106 The Commissioner is further hereby authorized to charge to said Deposit Account No. 17-0026, pursuant to 37 CFR 1.18 inclusive, for the entire pendency of this application without specific additional authorization. The Commissioner is further hereby authorized to charge to said Deposit Account No. 17-0026, pursuant to 37 CFR 1.18 inclusive, for the entire pendency of this application without specific additional authorization. The Commissioner is further hereby authorized to charge to said Deposit Account No. 17-0026, pursuant to 37 CFR 1.25(b), any fee whatsoever which may become properly due or payable, as set forth in 37 CFR 1.16 The Commissioner is further hereby authorized to charge to said Deposit Account No. 17-0026, pursuant to 37 CFR 1.25(b), any fee whatsoever which may become properly due or payable, as set forth in 37 CFR 1.16 The Commissioner is further hereby authorized to charge to said Deposit Account No. 17-0026, pursuant	Fee check in the Please charge I The Commission any overpayme. The Commission to 37 CFR 1.2 to 37 CFR 1.1 to 37 C	column a is less than 20	A:		\$110	\$
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(050) 050-2302		partment Drive Ornia 92121-1714 (858) 658-5787		8:	58-845-5235	•

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In Re Application of	}		
Birnbaum et al.) For:	ANTENNA AND SHIP	א זי
O)	STEEL STEEL	الالباد
Serial No.: 10/006,040)		
Filed: December 4, 2001)		
	<u>,</u>)		
) Group No.	2821	

RESPONSE TO OFFICE ACTION

Commissioner of Patents P.O. Box 1450 Alexandria, VA 22313-1450

Attention:

Examiner James C. Clinger

Dear Sir:

In response to the Official Action dated November 18, 2003, please enter and donsider the following amendment and remarks:

> I hereby certify that this correspondence is being faxed to the United States Postal Service, Alexandria, VA 22313-1450, on: 2/18/04 (Date of Deposit)

> > (Name of the Person Making Depos (Signature) 2/18/04

Darla D. Kasmedo

(Date of Signature)